



THE  
**TENNESSEE**  
**STATE PLAN**  
TO **END Homelessness**

Created by Tennessee Interagency Council on Homelessness  
SUMMER 2016





**BILL HASLAM**  
GOVERNOR  
STATE OF TENNESSEE

June 7, 2016

Fellow Tennesseans:

The Tennessee Interagency Council on Homelessness is charged with coordinating the State's efforts to effectively address the challenge of ending homelessness in Tennessee. On May 25, 2016, the Council—which includes representation of numerous state and local agencies and providers in the community—adopted the State Plan to End Homelessness.

In 2015, an estimated 9,123 individuals were identified as homeless in Tennessee. While the state has made progress in reducing this number, the rate of homelessness remains too high.

The Plan will increase collaboration, improve access to housing and healthcare, and increase the economic security and education of Tennessee's citizens, while ensuring that state and local resources are utilized effectively and responsibly. Specifically, the Plan sets out key measures of success and 43 action steps to end veteran and chronic homelessness, homelessness for families with children and youth, and all other categories of homelessness.

The Department of Mental Health and Substance Abuse Services is spearheading this effort to develop, enhance, and coordinate the efforts and strategies to more effectively address the challenges of homelessness in Tennessee. The Council recognizes that decisions are often best made at the local level and hopes the sharing of information and best practices will leverage the successes of communities throughout the state.

I look forward to receiving regular updates from the Council regarding the progress towards achieving the goal of eliminating homelessness in our state.

I thank the Council for serving as a model of how different departments and agencies of government can unite and work with other important stakeholders to tackle a common goal. The Council's efforts will help make Tennessee a better place to live, work, and raise a family.

Sincerely,

A handwritten signature in blue ink, appearing to read "Bill Haslam", is written over a light blue horizontal line.

Governor Bill Haslam



# TABLE OF CONTENTS

Vision and Goals	3
Executive Summary	4
History of Interagency Council on Homelessness	7
Tennessee's State Plan to End Homelessness	16

## Appendices

A. Executive Order No. 49	33
B. Acronyms	36
C. Glossary	37
D. References	46
E. Members of the Interagency Council on Homelessness	47
F. Workgroup Participants	49
G. Planning Timeline	52
H. Urban vs. Rural and Continuum of Care State Map	53
I. Data of Homeless Children and Youth	55
J. At a Glance: Goals, Themes, Objectives	56



# VISION AND GOALS

The long-term vision of Tennessee's Interagency Council on Homelessness is to effectively end and prevent homelessness in the State of Tennessee. Through the coordination of services and housing at the state and local levels, we believe we can bring an end to homelessness.

In concert with *Opening Doors*, the United States Interagency Council on Homelessness' (USICH) plan to end homelessness, we have created a statewide plan to end homelessness.

The Tennessee State Plan to End Homelessness has specified the following goals:

- **To end veteran and chronic homelessness by the end of 2017**
- **To end homelessness for families with children and youth by the end of 2020**
- **To end all other homelessness by the end of 2025**

According to USICH, "An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience."

The Plan is organized around five main themes and the ten objectives of *Opening Doors*. It includes Tennessee's measures of success for the first year of plan implementation. It is the hope of the Council that the Plan will be used as a road map for all Tennesseans interested in preventing and ending homelessness. The Plan will be updated annually to ensure progress towards our goals.

*"An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience."*

United States Interagency Council on Homelessness

# EXECUTIVE SUMMARY

## Theme 1: Increase Leadership, Collaboration, and Civic Engagement

### **Objective 1: Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Tennesseans to commit to preventing and ending homelessness.**

- At least three communities will have met USICH's criteria for ending homelessness for either veteran or chronic homelessness by June 2017.
- Tennessee's Plan to End Homelessness will be communicated within state government and to Tennessee communities by November 2016.
- The Homeless Data Repository will be established and include data contributed from at least three (3) local homeless service systems (Continua of Care/CoCs) by June 2017.

### **Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.**

- Statewide quarterly meeting of regional homeless service provider systems (CoCs) will be facilitated by Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and Tennessee Housing Development Agency (THDA) by September 2016.
- A statewide communications network of homeless service providers and advocates as well as state and local government stakeholders including statewide virtual meetings and regional face-to-face meetings addressing homelessness challenges and solutions will have been established and met for the first time by December 2016.

## **Theme 2: Increase Access to Stable and Affordable Housing**

### **Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness.**

- Move and track retention rate of at least 700 homeless veterans and/or chronically homeless individuals into permanent housing between July 2016 and June 2017.
- Identify at least one interdepartmental project for housing or housing services by July 2017.

### **Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness.**

- Complete two education events promoting best practices of supportive housing models for different populations by July 2017.

## **Theme 3: Increase Economic Security**

### **Objective 5: Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.**

- By the end of December 2017, expand current number of Individual Placements and Supports (IPS) employment service sites by two (2) and serve an additional 200 people. Both sites will be trained to serve homeless individuals.

### **Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.**

- At least 300 individuals will be assisted in applying for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) through the SSI/SSDI Outreach, Access and Recovery (SOAR) during FY17 (July 2016 – June 2017).

## **Theme 4: Improve Health and Stability**

### **Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.**

- At least 50% of veterans and chronically homeless enrolled in Continuum of Care (CoC) or Cooperative Agreement to Benefit Homeless Individuals grant program in FY17 will be linked to primary health care providers such as Health Home, Patient Centered Medical Home, or Federally Qualified Health Center (FQHC).

### **Objective 8: Advance health and housing stability for unaccompanied youth/young adults (18-24) experiencing homelessness and transition-age youth leaving a stable environment or aging out of systems such as foster care and juvenile justice.**

- Build a predictor of homelessness report to help identify youth with risk factors for homelessness by July 2017.

### **Objective 9: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.**

- A plan will be developed by July 2017 to implement a statewide housing needs assessment that identifies groups at greatest risk for homelessness.
- By July 2017, two communities will have initiated the development of a system linking homeless individuals who have frequent contact with hospitals and the criminal justice system to housing and support services.

## **Theme 5: Retool the Homeless Crisis Response System**

### **Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.**

- A Coordinated Entry System that links homeless individuals and those at risk of homelessness to needed resources in their community will be established in all Regional Homeless Service Networks (CoCs) by December 2016.

# History of Interagency Council on Homelessness

On December 9, 2004, former Tennessee Governor, Phil Bredesen, signed Executive Order No. 21 establishing the Governor's Interagency Council on Homelessness. At this time, the Council included a designee from the following: the Governor's office, Department of Children's Services, Department of Correction, Department of Veteran's Affairs, Department of Education, Department of Health, Department of Human Services, Department of Mental Health and Developmental Disabilities, Tennessee Board of Probation and Parole, the Tennessee Housing Development Agency, the Bureau of TennCare, and three (3) representatives of Tennessee's Continuum of Care (Coc), appointed by the Governor.

Additional, non-appointed stakeholders volunteered to assist in this effort. This group eventually grew to include 41 individuals from state and local agencies across the State of Tennessee. Led by a Governor-appointed chairperson from the Department of Veteran's Affairs, the Council provided a forum for sharing promising practices, addressing local challenges, and discussing homelessness related policy issues. In 2009, near the end of the Bredesen administration, the Council stopped meeting.



In early 2014, the office of Substance Abuse and Mental Health Services Administration (SAMHSA) put forth a Request for Applications (RFA) for the Cooperative Agreement to Benefit Homeless Individuals - States (CABHI) grant. This RFA included a requirement to establish or coordinate with an existing state interagency council on homelessness to develop an annually updated statewide plan that ensures sustained partnerships among state-level housing and support service systems for, at least, homeless veterans and other chronically homeless living with serious mental illness, substance use disorders, or co-occurring mental illness and substance use disorders.



Tennessee's Department of Mental Health and Substance Abuse Services (TDMHSAS) received the CABHI grant, which allowed for the hiring of a staff person who would oversee grant implementation, including the Council. In the fall of 2014, the Council was re-energized under the leadership of E. Douglas Varney, Commissioner of Mental Health and Substance Abuse Services, and included the following representatives as required in the RFA:

- The Department of Mental Health and Substance Abuse Services;
- The Bureau of TennCare;
- The Department of Health;
- The Department of Veterans Services;
- The Tennessee Housing Development Agency;
- Shelby County Government, as a CABHI grant recipient;
- Metropolitan Government of Nashville-Davidson County, as a CABHI grant recipient;
- A person who has experienced homelessness and/or mental illness or substance use disorder;
- A veteran;
- SSI/SSDI Outreach, Access, and Recovery state lead; and
- The Grant Project Officer from Substance Abuse and Mental Health Services Administration

As the planning process to end homelessness began to take shape over the course of the first year, the following representatives were added to the Council:

- Representatives from all 10 of the Continuum of Care (CoCs) which oversee U.S. Department of Housing and Urban Development (HUD) funding for homeless services;
- The Department of Correction;
- The Department of Education;
- The Department of Children's Services; and
- The Department of Human Services.

In addition, the following federal agency representatives volunteered to join the Council:

- Directors of HUD's East, Middle, and West Tennessee Field Offices; and
- U.S. Department of Veterans Affairs Homeless Services Office Director

In September 2015, Governor Bill Haslam signed Executive Order No. 49 reconstituting the Governor's Interagency Council on Homelessness as the Tennessee Interagency Council on Homelessness. (Appendix A) This Executive Order continued the process already in place through the CABHI grant and attached the Council to TDMHSAS for administrative purposes. Additionally, Executive Order No. 49 added the following representatives:

- Representatives from three, additional local CABHI provider sites not previously represented; and
- The Governor's designee, to be selected by the Governor.

## State Plan Creation Process

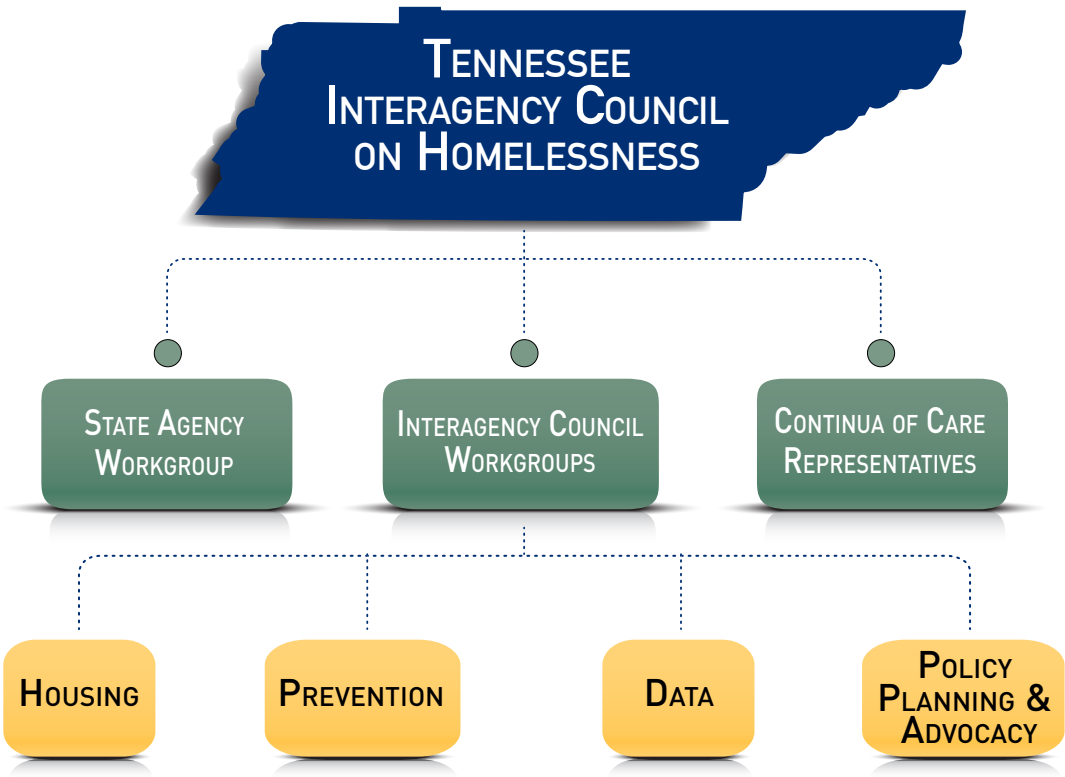
The process of identifying the needs of homeless individuals and the barriers to ending homelessness began with the members of the Council. Through brainstorming activities the identified needs and barriers were grouped together, and the Council formulated a plan to create four (4) workgroups, which would allow even greater input from across the state. The four (4) workgroups include Data, Prevention, Housing, and Policy/Planning and Advocacy.



With the implementation of the workgroups and the support of the Governor's Office, a timeline was developed and placed into action at the November 2015 Council meeting. This timeline included bi-monthly meetings of the workgroups, monthly meetings of a state agency sub-group, quarterly meetings of the Council, and bi-monthly meetings with representatives from each CoC. See Figure 1 for the planning process organization chart.

Figure 1

Tennessee Interagency Council on Homelessness Organizational Chart



During the November 2015 Council meeting, it was decided that the Plan will follow the same outline provided by USICH in *Opening Doors*. This means that the Plan uses the same overarching goals, the five (5) themes and the ten (10) objectives. This would allow for the Plan’s goals to be coordinated with USICH’s goals to end homelessness and all the state and federal resources deployed to meet these goals. The Council also reviewed several other state plans and incorporated Tennessee-specific action steps that represent our state’s specific needs.

During January 2016, the workgroups and CoCs went through a brainstorming activity to develop potential action steps for each of the five (5) themes. The 300-plus action steps generated by this process were then grouped and assigned to the ten (10) objectives. The state sub-group then met to further develop and refine the different action steps. At the end of February 2016, the Council reconvened to discuss the draft action steps. During this meeting, the Council decided to identify 5-10 action steps that would be considered priorities for our state. The Council also identified several action steps requiring greater detail and further definition.



In March 2016, the workgroups, CoC group, and state sub-group reconvened to address information requested from the Council, and to determine who should take the lead on each action step. During these meetings several action steps were further refined to ensure measurability and the ability of our state to complete the step.

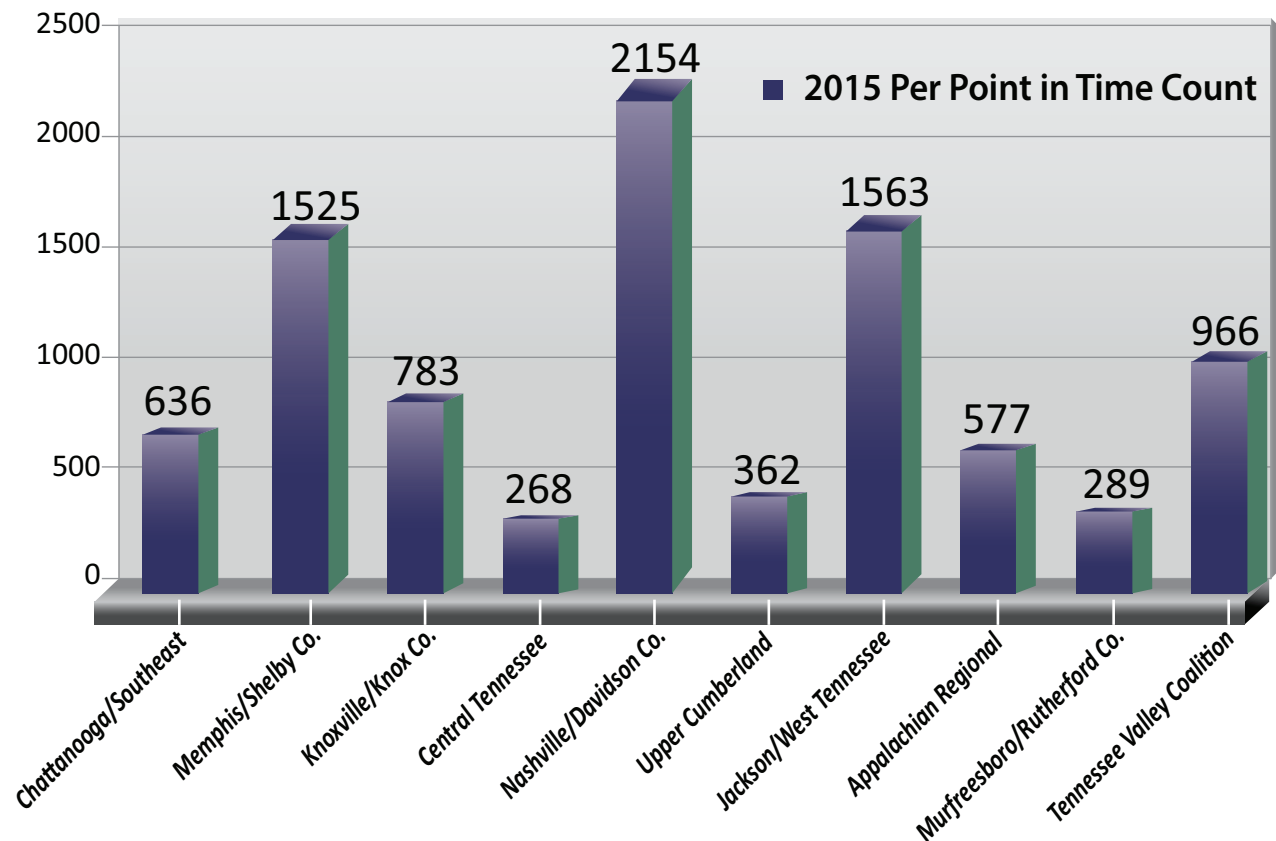
After this work with the action steps, key measures of success were identified for each objective and the next draft was sent to the Council for review and final comments. After reviewed by the Governor's office, the final draft of the Plan was approved by the Council at the May 2016 meeting.

## Who We Serve

The 2015 Point in Time Count (PIT) in Tennessee identified an estimated 9,123 homeless individuals. For a breakdown of the number of homeless individuals by CoC region, see Figure 2. This number includes an unduplicated count of individuals who are sheltered (emergency shelter or transitional housing) and unsheltered as reported by each of the CoCs as part of the CoC's annual funding application process required by HUD. Approximately twenty-nine percent (29%) of the 9,123 homeless individuals counted included individuals in households with at least one (1) child.

Figure 2

# 2015 Total Homelessness by Continuum of Care Region



The state of Tennessee spans over 500 miles from east to west and includes 95 counties, 78 being considered rural and only seven (7) considered urban. Further, the state’s three grand divisions are distinct and unique. To assume that the type of interventions needed in northeast Tennessee are the same as the interventions that would be effective in southwest Tennessee would be a false assumption.

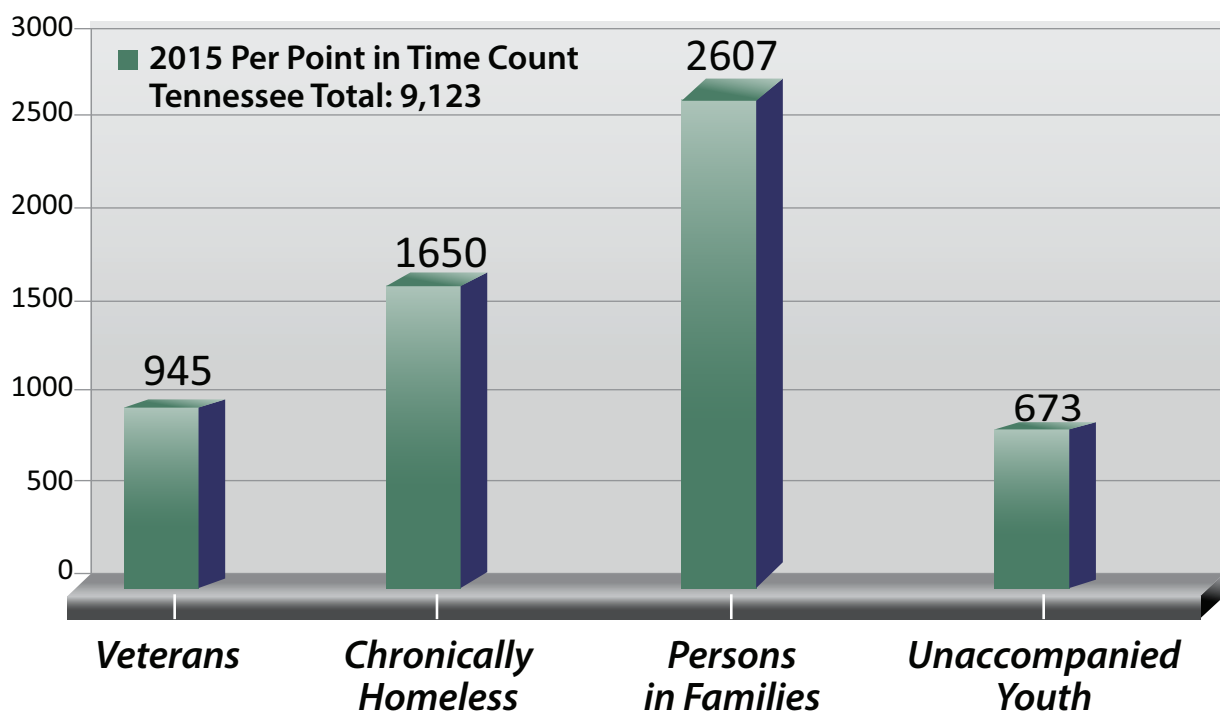
Tennessee is also primarily made up of rural counties which encounter different barriers to ending homelessness from urban areas. For example, the barriers of transportation, employment options, housing resources, support services access and availability, and cultural issues are different in rural verses urban areas.

Of the homeless individuals identified in the 2015 PIT count, eighteen percent (18%) were chronically homeless according to HUD’s definition, ten percent (10%) were veterans, twenty-nine percent (29%) persons in families, and seven percent (7%) unaccompanied youth (See Figure 3).



**Figure 3**

## Tennessee Homeless Subgroup Totals



## Plan Implementation

It is the intention of the Council to continue to utilize the Council as a whole, four (4) workgroups, state agencies workgroup, and CoC representatives to facilitate the implementation and execution of the action steps outlined in the Plan, subject to available resources, appropriations, and potential legislation.

As noted in the Plan, the Council will utilize measurements and indicators defined by USICH to determine when veteran's homelessness has been eliminated. These same criteria will be applied to measure whether chronic homelessness and homelessness of families with children and youth has ended. Action steps related to these criteria have been included in the Plan and are specifically noted.

The workgroups and Council identified several action steps to be considered top priorities upon plan implementation. Each of the identified action steps are considered building blocks to other action steps or a step that is currently in process and needs additional attention to see through to completion. It is the intention of the Council to focus on facilitation and implementation of these priority steps upon approval of the Plan.

## Priority Action Steps

1. Make “ending homelessness” a goal of the State.
2. Create and operate a statewide homeless data repository with sustainable data collection and dissemination processes to increase understanding of the nature and extent of homeless in Tennessee as well as the resources and impact of efforts to prevent and address homelessness.
3. Create a public communications campaign to raise awareness of homelessness, its impact, and efforts to address it. Expand awareness of the state’s Plan to end homelessness through focus groups, publicity, and community forums; convene statewide events on ending homelessness, inviting policy makers, mayors, and state leaders, subject to available resources.
4. Increase housing availability for veterans experiencing homelessness, individuals experiencing chronic homelessness, families experiencing homelessness, and those at-risk of homelessness.
5. Work to identify available funding within state agency budgets that can be used for housing services or state-sponsored reimbursements (for example, Tennessee Department of Correction’s three (3) month transitional housing program).
6. Increase job opportunities for homeless individuals through the development and increased availability of job training programs and the provision of education and training opportunities for employment.
7. Expand SSI/SSDI Outreach, Access, and Recovery (SOAR) access in Tennessee.
8. Evaluate the potential to create a single screening process between each state agency providing benefits to assist individuals in securing benefits when they are eligible and interested.
9. All action steps for Objective 8: Advance health and housing stability for unaccompanied youth/young adults (18-24) experiencing homelessness and transition-age youth having to leave a stable environment or aging out of systems such as foster care and juvenile justice.
10. Evaluate current state department structures and interdepartmental coordination to create a better transition facilitation and re-entry structure for those coming out of institutions (e.g., hospitals, prisons, etc.)
11. Conduct a statewide housing needs assessment that identifies groups at greatest risk for homelessness and those with greatest housing need.

The eleven (11) priority action steps are identified in the Plan with an asterisk and footnote.

# Organization of the Document

The Plan is organized around five (5) thematic areas and the ten (10) objectives of *Opening Doors*. These objectives emphasize the areas that need to be addressed to effectively strengthen working relationships, successfully and efficiently reach those most in need, improve service delivery and effectiveness, and otherwise takes steps towards stronger outcomes for those at risk of or already experiencing homelessness.

Under each theme area, the objectives, measures of success and action steps are shown. To ensure progress for each action step, one or more leads have been identified in addition to a target date for implementation and completion. The Council will also be responsible for monitoring implementation progress. The Plan will be reviewed annually by the Council and updates made as needed. Annual review results will be reported to the Governor in accordance with Executive Order No. 49.



# TENNESSEE'S STATE PLAN TO END HOMELESSNESS



## *Increase Leadership, Collaboration, and Civic Engagement*

**Objective 1:** Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Tennesseans to commit to preventing and ending homelessness.

### **Key Measures of Success:**

1. At least three (3) communities will have met USICH's criteria for ending homelessness for either veteran or chronic homelessness.
2. Tennessee's Plan to End Homelessness will be communicated within state government and to Tennessee communities.
3. The Homeless Data Repository will be established and include data contributed from at least three (3) local homeless service systems (Continua of Care (CoCs)).

### **Action Step 1.1:**

**Encourage and assist interested Continua of Care and communities to achieve national certification as having ended veteran homelessness, chronic homelessness, and homelessness of families with children and youth by meeting the following criteria:**

- 1.1.1** Develop an active, name-based list of homeless individuals and families in each Continuum of Care in Tennessee while respecting and protecting their privacy.

**Lead Partner:** CoCs

**Target Date for Implementation:** September 2016

**Target Date for Completion:**

February 2017 for veterans and chronically homeless;  
July 2018 for families with children and youth

- 1.1.2** Create a system to document each individual's date of initial contact, document of housing offer, and date of move-in to permanent housing.
- Lead Partner:** CoCs
- Target Date for Implementation:** September 2016
- Target Date for Completion:**  
February 2017 for veterans and chronically homeless;  
July 2018 for families with children and youth
- 1.1.3** Identify all permanent housing sources available for veterans, chronically homeless individuals, and homeless families with children and youth.
- Lead Partner:** CoCs and Housing Workgroup
- Target Date for Implementation:** September 2016
- Target Date for Completion:**  
February 2017 for veterans and chronically homeless;  
July 2018 for families with children and youth
- 1.1.4** Implement a system for identifying homeless individuals entering or returning to homelessness in the future, and those at risk of homelessness.
- Lead Partner:** CoCs and Prevention Workgroup
- Target Date for Implementation:** September 2016
- Target Date for Completion:**  
June 2017 for veterans and chronically homeless;  
October 2018 for families with children and youth
- 1.1.5** Use multiple data sources and conduct comprehensive outreach and engagement to identify at-risk individuals.
- Lead Partner:** CoCs and the Council
- Target Date for Implementation:** September 2016
- Target Date for Completion:**  
June 2017 for veterans and chronically homeless;  
October 2018 for families with children and youth
- 1.1.6** Maintain an adequate level of resources and capacity to provide appropriate services that will, whenever possible, prevent homelessness for those at-risk, including behavioral and physical health treatment, support and recovery.
- Lead Partner:** CoCs and Prevention Workgroup
- Target Date for Implementation:** September 2016
- Target Date for Completion:**  
June 2017 for veterans and chronically homeless;  
October 2018 for families with children and youth



- 1.1.7** Identify an adequate level of resources and appropriate plans and services in place to promote the long-term housing stability of homeless individuals who have entered permanent housing including behavioral and physical health treatment, support and recovery.

**Lead Partner:** CoCs and Prevention Workgroup

**Target Date for Implementation:** September 2016

**Target Date for Completion:**

June 2017 for veterans and chronically homeless;

October 2018 for families with children and youth

### **\*Action Step 1.2:**

**Make “ending homelessness” a goal of the State.**

**Lead Partner:** Governor’s Office

**Target Date for Completion:** May 2016

### **Action Step 1.3:**

**Increase state interdepartmental communication through quarterly meetings of the Council and create a communications campaign to increase awareness of homelessness and the Plan.**

**Lead Partner:** The Department of Mental Health and Substance Abuse Services (TDMHSAS) and the Council

**Target Date for Implementation:** May 2016

**Target Date for Completion:** Ongoing

### **\*Action Step 1.4:**

**Create and operate a statewide homeless data repository with sustainable data collection and dissemination processes to increase understanding of the nature and extent of homeless in Tennessee as well as the resources and impact of efforts to prevent and address homelessness.**

**Lead Partner:** TDMHSAS and CoCs

**Target Date for Implementation:** July 2016

**Target Date for Completion:** Ongoing

*\*Priority action step, as identified by the Council.*

**Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness.**

## **Key Measures of Success:**

1. Statewide quarterly meeting of regional homeless service provider systems (CoCs) will be facilitated by TDMHSAS and Tennessee Housing Development Agency (THDA) by September 2016.
2. A statewide communications network of homeless service providers and advocates as well as state and local government stakeholders including statewide virtual meetings and regional face-to-face meetings addressing homelessness challenges and solutions will have been established and met for the first time by December 2016.

### **Action Step 2.1:**

**Improve communication between state and local entities regarding homelessness and local efforts to address this issue through regular communication between HUD, State, CoC leads, and city/county leaders.**

**Lead Partner:** The Council and CoCs

**Target Date for Implementation:** July 2016

**Target Date for Completion:** Ongoing

### **Action Step 2.2:**

**Promote and facilitate a CoC Lead learning community to convene at least quarterly during the initial implementation period to share best practices, successes, and solutions to challenges.**

**Lead Partner:** CoCs, TDMHSAS, and THDA

**Target Date for Implementation:** September 2016

**Target Date for Completion:** Ongoing

### **Action Step 2.3:**

**Promote and increase communication between (1) state and local government leaders and (2) public and private homeless service providers and advocates to increase awareness of homelessness, understand and address barriers to reducing homelessness, and promote improved public/private systems coordination to implement effective and efficient solutions.**

**Lead Partner:** The Council, CoCs, and the Policy/Planning and Advocacy Workgroup

**Target Date for Implementation:** August 2016

**Target Date for Completion:** Ongoing

### **\*Action Step 2.4:**

Create a public communications campaign to raise awareness of homelessness, its impact, and efforts to address it. Expand awareness of the state's Plan to end homelessness through focus groups, publicity, and community forums; convene statewide events on ending homelessness, inviting policy makers, mayors, and state leaders, subject to available resources.

**Lead Partner:** The Council and CoCs

**Target Date for Implementation:** August 2016

**Target Date for Completion:**

Campaign plan by November 2016

### **Action Step 2.5:**

Encourage increased regional communications by asking CoCs to engage local leaders who are not formally part of the effort to end homelessness and bring homelessness as an agenda topic to different area organizations (e.g., Chamber of Commerce, business associations, health leaders).

**Lead Partner:** The Council and CoCs

**Target Date for Implementation:** Fall 2016

**Target Date for Completion:** Report to the Council May 2017



## ***Increase Access to Stable and Affordable Housing***

**Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness**

### **Key Measures of Success:**

1. Move at least 700 homeless veterans and/or chronically homeless individuals into permanent housing between July 2016 and June 2017.
2. Identify at least one interdepartmental project for housing or housing services by July 2017.

### **Action Step 3.1:**

Increase housing availability for veterans experiencing homelessness, individuals experiencing chronic homelessness, families experiencing homelessness, and those at-risk of homelessness.

*\*Priority action step, as identified by the Council.*

- 3.1.1** Contact Public Housing Authorities (PHAs) about the feasibility of increasing the number of housing units and vouchers at the state and local PHA levels for chronic and family homelessness.
- 3.1.2** Develop strategies to make rental assistance programs coordinate more effectively with housing development programs in order to improve service to populations experiencing homelessness.
- 3.1.3** Through the dissemination of state aggregate data on homelessness, assist housing developers and providers in securing housing and support services grant funds to fill gaps in housing designated to serve homeless individuals; and
- 3.1.4** Explore options to increase voucher amounts, where appropriate, to more accurately reflect current fair market rents to encourage landlords to accept subsidized vouchers from people who are homeless or formerly homeless while maintaining habitability and utility allowances.

**Lead Partner:** TDMHSAS, THDA, HUD field offices, Tennessee Department of Veterans Services (TVS), and United States Department of Agriculture (USDA) Office in Tennessee

**Target Date for Implementation:** August 2016

**Target Date for Completion:** Ongoing

### **Action Step 3.2:**

**Utilizing TNHousingSearch.org, determine how we can best identify which units are of high quality or have been inspected. This same platform would identify properties available to specific groups of homeless such as veterans, families, ex-felons, mentally ill, etc.**

**Lead Partner:** THDA and Housing Workgroup

**Target Date for Implementation:** November 2016

**Target Date for Completion:** December 2017

### **Action Step 3.3:**

**Provide education to developers and providers across the state on homelessness, services available to support increased coordination and availability of housing, and high impact homelessness prevention models.**

**Lead Partner:** Housing Workgroup and CoCs

**Target Date for Implementation:** August 2016

**Target Date for Completion:** July 2017

### **\*Action Step 3.4:**

**Work to identify available funding within state agency budgets that can be used for housing services or state-sponsored reimbursements (for example, Tennessee Department of Correction's three (3) month transitional housing program).**

**Lead Partner:** State Agency Workgroup

**Target Date for Implementation:** August 2016

**Target Date for Completion:** July 2017

*\*Priority action step, as identified by the Council.*

### **Action Step 3.5:**

Increase landlord and service provider education opportunities with respect to fair housing laws, legal aid services, tenant rights and responsibilities, housing individuals with felonies, housing registered sex offenders, homelessness prevention services, referral processes between different agencies, and the utilization of the [TNHousingSearch.org](http://TNHousingSearch.org).

**Lead Partner:** THDA, CoCs, and TDOC

**Target Date for Implementation:** August 2016

**Target Date for Completion:** July 2017

### **Action Step 3.6:**

Explore ways in which communities can create or locate low cost housing alternatives.

**Lead Partner:** Housing Workgroup and CoCs

**Target Date for Implementation:** August 2017

**Target Date for Completion:** Ongoing

**Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness.**

## **Key Measures of Success:**

1. Complete two (2) education events promoting best practices of supportive housing models for different populations by July 2017.

### **Action Step 4.1:**

Promote development, dissemination, and availability of evidence-based best practice housing models for different needs and populations in Tennessee.

**Lead Partner:** THDA, CoCs, and TDOC

**Target Date for Implementation:** August 2016

**Target Date for Completion:** July 2017

### **Action Step 4.2:**

Increase housing supports needed for stable housing placements.

- 4.2.1** Increase access to services from recovery certified peer specialists as housing support specialists for the newly housed either through TennCare benefits, TDMHSAS, and other programs. Designate housing support services as TennCare reimbursable service for Certified Peer Support Specialist.



**4.2.2** Work with faith-based groups on how they can help keep families in their neighborhoods and communities in housing by providing a menu of options for faith-groups to consider, and educate local CoCs on how to access the inventory of options.

**4.2.3** Assess current effectiveness of mental health supports for TennCare members accessing the supportive housing benefit and work with providers, MCOs, TennCare, and TDMHSAS to improve quality of this service for those with severe or persistent mental illness (SPMI) and chronic homelessness.

**Lead Partner:** TDMHSAS, TennCare, TDOC, and CoC

**Target Date for Implementation:** August 2016

**Target Date for Completion:** August 2018

### **Action Step 4.3:**

**Educate housing developers and explore the use and possibilities of Social Impact Bonds; gather information about successful examples of their use for serving the homeless population.**

**Lead Partner:** Housing Workgroup

**Target Date for Implementation:** Spring 2017

**Target Date for Completion:** On-going



## ***Increase Economic Security***

**Objective 5: Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.**

### **Key Measures of Success:**

1. By the end of December 2017, expand current number of Individual Placements and Supports (IPS) employment service sites by two (2) and serve an additional 200 people. Both sites will be trained to serve homeless individuals.

### **Action Step 5.1:**

**Advocate for, research, and publicize options to incentivize employers to hire individuals with specific vulnerabilities: homelessness, felony convictions, mental illness, and substance abuse.**

**Lead Partner:** TDMHSAS and Tennessee Department of Human Services (TDHS)

**Target Date for Implementation:** Spring 2017

**Target Date for Completion:** Ongoing

### **Action Step 5.2:**

**Increase opportunities for making evidence-based supportive employment programs (i.e., Individual Placement and Support (IPS)) available to individuals who are experiencing homelessness, those who recently exited homelessness, and those at risk of homelessness across the state, including individuals with criminal backgrounds and with behavioral health challenges.**

**Lead Partner:** TDMHSAS, TDHS, and TVS

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2018

### **\*Action Step 5.3:**

**Increase job opportunities for homeless through the development and increased availability of job training programs and the provision of education and training opportunities for employment.**

**Lead Partner:** TVS, TDOC, and CoCs

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

### **Action Step 5.4:**

**Increase access to educational opportunities for homeless and recently housed, e.g., high school equivalency (HiSET®, GED), Drive to 55, Post-Secondary Education Initiative for youth experiencing homelessness with intellectual or developmental disabilities, and Read to be Ready.**

**Lead Partner:** CoCs and Tennessee Department of Education (TDOE)

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

### **Action Step 5.5:**

**Increase collaboration between school systems and CoCs to increase access of homeless services to students and families.**

**Lead Partner:** CoCs and TDOE

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

*\*Priority action step, as identified by the Council.*

**Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.**

**Key Measures of Success:**

1. At least 300 individuals will be assisted in applying for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) through the SSI/SSDI Outreach, Access and Recovery (SOAR) during FY17 (July 2016 – June 2017).

**\*Action Step 6.1:**

**Expand SOAR access in Tennessee.**

- 6.1.1** Network active SOAR Specialists, U.S. Social Security Administration (SSA), and Disability Determination Services (DDS) to improve quality and access to SSI/SSDI for homeless people.

**Lead Partner:** TDMHSAS

**Target Date for Implementation:** July 2016

**Target Date for Completion:** September 2017

**Action Step 6.2:**

**Identify and promote strategies to improve financial and residential stability of SSI recipients.**

**Lead Partner:** TDMHSAS and CoCs

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

**\*Action Step 6.3:**

**Evaluate the potential to create a single screening process including multiple state agencies providing benefits to assist individuals in securing benefits when they are eligible and interested.**

**Lead Partner:** CoCs and State Agency Workgroup

**Target Date for Implementation:** August 2016

**Target Date for Completion:** August 2018

*\*Priority action step, as identified by the Council.*

### **Action Step 6.4:**

**Assess effectiveness of current state-funded employment programs to serve the homeless and direct resources to programs and models with best outcomes.**

**Lead Partner:** TDHS and Policy/Planning and Advocacy Workgroup

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2017

### **Action Step 6.5:**

**Create partnerships between local transportation agencies, authorities, and homeless service providers to enhance federal, state, and local transportation programs and services in rural and urban areas to improve access to stable employment and needed resources for individuals experiencing homelessness.**

**Lead Partner:** Policy/Planning and Advocacy Workgroup

**Target Date for Implementation:** July 2016

**Target Date for Completion:** July 2019





## *Improve Health and Stability*

**Objective 7:** Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.

### **Key Measures of Success:**

1. At least 50% of veterans and chronically homeless enrolled in CoC or CABHI in FY17 will be linked to primary health care providers such as Health Home, Patient Centered Medical Home, or Federally Qualified Health Center (FQHC).

#### **Action Step 7.1:**

**Increase education to homeless individuals on healthy living, primary and behavioral healthcare systems and available resources.**

**Lead Partner:** Tennessee Department of Health and CoCs

**Target Date for Implementation:** July 2016

**Target Date for Completion:** December 2017

#### **Action Step 7.2:**

**Screen and connect potentially eligible homeless individuals to Health Link as a routine part of providing any homeless services.**

**Lead Partner:** TennCare and CoCs

**Target Date for Implementation:** October 2016

**Target Date for Completion:** July 2017

#### **Action Step 7.3:**

**Establish data collection system and use data to track primary and behavioral health utilization, health care access, and unmet healthcare needs of individuals experiencing homelessness and those recently housed.**

**Lead Partner:** CoCs and Data Workgroup

**Target Date for Implementation:** July 2016

**Target Date for Completion:** December 2016

### **Action Step 7.4:**

**Increase community health clinics / Federally Qualified Health Centers (FQHC) participation in HMIS by 10% in FY17**

**Lead Partner:** HMIS Administrators

**Target Date for Implementation:** September 2016

**Target Date for Completion:** September 2017

**\*Objective 8: Advance health and housing stability for unaccompanied youth/young adults (18-24) experiencing homelessness and transition-age youth leaving a stable environment or aging out of systems such as foster care and juvenile justice.**

### **Key Measures of Success:**

1. Build a predictor of homelessness report to help identify youth with risk factors for homelessness by July 2017.

### **Action Step 8.1:**

**Ensure Runaway Homeless Youth (RHY) data and/or youth at risk for adult homelessness will be included in the data repository.**

**Lead Partner:** TDMHSAS and CoCs

**Target Date for Implementation:** July 2016

**Target Date for Completion:** December 2016

### **Action Step 8.2:**

**Increase outreach through the identification of outreach providers in each CoC to effectively identify and engage youth at risk for or experiencing homelessness and connect them through a coordinated entry and exit systems to trauma informed, culturally appropriate, and developmental and age appropriate interventions.**

**Lead Partner:** TDMHSAS, CoCs, Department of Children's Services (TDCS), and TDOE

**Target Date for Implementation:** January 2017

**Target Date for Completion:** January 2018

*\*Priority action step, as identified by the Council.*



### **Action Step 8.3:**

**Enhance current low barrier emergency, crisis services and housing services for homeless youth and children in homeless families.**

**Lead Partner:** TDMHSAS, CoCs, TDCS, and TDOE

**Target Date for Implementation:** January 2017

**Target Date for Completion:** January 2018

**Objective 9: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.**

### **Key Measures of Success:**

1. A plan will be developed by July 2017 to implement a statewide housing needs assessment that identifies groups at greatest risk for homelessness.
2. By July 2017, two communities will have initiated the development of a system linking homeless individuals who have frequent contact with hospitals and the criminal justice system to housing and support services.

### **\*Action Step 9.1:**

**Evaluate current state department structures and interdepartmental coordination to create a better transition facilitation and re-entry structure for those coming out of institutions (hospitals, prisons, etc.).**

**Lead Partner:** State Agency Workgroup

**Target Date for Implementation:** August 2016

**Target Date for Completion:** February 2017

### **\*Action Step 9.2:**

**Conduct a statewide housing needs assessment that identifies groups at greatest risk for homelessness and those with greatest housing need.**

**Lead Partner:** THDA, TDMHSAS, and CoCs

**Target Date for Implementation:** July 2016

**Target Date for Completion:** Initial assessment complete  
November 2017

*\*Priority action step, as identified by the Council.*

### **Action Step 9.3:**

Facilitate development of local systems that help hospitals and healthcare systems link homeless individuals to support and homeless prevention services including housing plus behavioral and physical health services.

**Lead Partner:** CoCs and Prevention Workgroup

**Target Date for Implementation:** August 2016

**Target Date for Completion:** August 2017

### **Action Step 9.4:**

Provide model policies for implementation at the community/local level advocating approaches that facilitate individuals' access to outreach, housing navigation, and other services and that promote the safety of communities and individuals experiencing homelessness.

**Lead Partner:** CoCs, Policy/Planning, and Advocacy Workgroup

**Target Date for Implementation:** August 2016

**Target Date for Completion:** November 2017





## *Retool the Homeless Crisis Response System*

**Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.**

### **Key Measures of Success:**

1. A Coordinated Entry System that links homeless individuals and those at risk of homelessness to needed resources in their community will be established in all Regional Homeless Service Networks (CoCs) by December 2016.

#### **Action Step 10.1:**

Implement a coordinated entry system through each Continuum of Care throughout the state.

**Lead Partner:** CoCs and TDMHSAS

**Target Date of Implementation:** July 2016

**Target Date for Completion:** December 2016

#### **Action Step 10.2:**

Facilitate quarterly information sharing and quality improvement roundtable meetings of the CoCs and homeless stakeholders.

**Lead Partner:** CoCs and TDMHSAS

**Target Date for Implementation:** June 2016

**Target Date for Completion:** Ongoing

#### **Action Step 10.3:**

Create or enhance a coordinated and integrated homeless crisis response system in each CoC.

**Lead Partner:** CoCs, Prevention Workgroup, and the Council

**Target Date for Implementation:** September 2016

**Target Date for Completion:** September 2017

#### **Action Step 10.4:**

Increase homeless outreach in every CoC where needed to raise awareness among individuals experiencing homelessness of existing homeless crisis resources.

**Lead Partner:** CoCs, TVS, and TDMHSAS

**Target Date for Implementation:** September 2016

**Target Date for Completion:** September 2019



## Appendix A:



STATE OF TENNESSEE  
**EXECUTIVE ORDER**  
BY THE GOVERNOR

No. 49

**AN ORDER RECONSTITUTING THE GOVERNOR'S INTERAGENCY COUNCIL ON  
HOMELESSNESS AS THE TENNESSEE INTERAGENCY COUNCIL ON  
HOMELESSNESS**

**WHEREAS**, the problem of homelessness has long plagued both our nation and State; and

**WHEREAS**, the existence of homelessness impacts not only those citizens who do not have access to housing, but also the economic condition and quality of life of all Tennesseans; and

**WHEREAS**, Governor Phil Bredesen established the Governor's Interagency Council on Homelessness in Executive Order No. 21, dated December 9, 2004, for the purpose of coordinating the State's efforts to address homelessness in the State of Tennessee; and

**WHEREAS**, my Administration is committed to continuing the efforts to reduce and eliminate homelessness and chronic homelessness amongst veterans, adults, families, youth and children in Tennessee; and

**WHEREAS**, the Department of Mental Health and Substance Abuse Services established the Tennessee Interagency Council on Homelessness (the "Council") in August 2014, in connection with the Tennessee Cooperative Agreement to Benefit Homeless Individuals; and

**WHEREAS**, the Council includes representatives of state, federal, and local agencies and other community representatives that will participate in developing, enhancing, and coordinating the State's efforts and strategies to more effectively address the challenges of homelessness in Tennessee.

**NOW THEREFORE**, I, Bill Haslam, Governor of the State of Tennessee, by virtue of the power and authority vested in me by the Tennessee Constitution and other applicable law, do hereby order and direct the following:



1. The Governor's Interagency Council on Homelessness is reconstituted as the Tennessee Interagency Council on Homelessness, as established by the Department of Mental Health and Substance Abuse Services. The Tennessee Interagency Council on Homelessness shall coordinate the State's efforts to effectively address the challenge of homelessness in Tennessee. It shall specifically focus on reducing homelessness among veterans and other chronically homeless individuals and assist in the development and implementation of a statewide plan to identify, develop, and ensure sustained partnerships among agencies, service providers, and advocates.
2. The members serving on the Council as of the date of this Executive Order No. 49 shall continue to serve in that capacity, and the Commissioner of the Department of Mental Health and Substance Abuse Services shall fill vacancies as they arise in consultation with the Governor. The Council may include representatives that the Commissioner of Mental Health and Substance Abuse Services deems necessary, including, but not limited to, representatives of the following:
  - a. Department of Mental Health and Substance Abuse Services,
  - b. TennCare,
  - c. Department of Health,
  - d. Department of Veterans Services,
  - e. Tennessee Housing Development Agency,
  - f. Shelby County government,
  - g. Metropolitan Government of Nashville-Davidson County,
  - h. Person who has experienced homelessness,
  - i. Person in recovery from serious mental illness, substance use disorders, or co-occurring substance use and mental disorders,
  - j. SSI/SSDI Outreach, Access, and Recovery state lead,
  - k. Community-based CABHI services provider,
  - l. Substance Abuse & Mental Health Services Administration, and
  - m. Governor's designee, to be selected by the Governor.
3. The Council shall make an annual progress report to the Governor at the end of each fiscal year.
4. The Council shall be attached to the Department of Mental Health and Substance Abuse Services for administrative purposes.
5. Members of the Council shall receive no compensation for their service but may be reimbursed for those expenses allowed by the provisions of the comprehensive travel regulations as promulgated by the Department of Finance and Administration and approved by the Attorney General and Reporter.
6. All Executive Branch departments, agencies, boards and commissions shall fully cooperate with the Council in carrying out the mandates of this Order and shall provide reasonable staff support and other assistance as requested. The Council may consult with service providers and other professionals and organizations



with expertise in the issues surrounding homelessness to assist in carrying out its duties.

7. The Council shall exist for so long as resources are available, as determined by the Commissioner of Mental Health and Substance Abuse Services in consultation with the Governor.
8. This Executive Order No. 49 supersedes and rescinds all other Executive Orders and implementing directives concerning the Governor's Interagency Council on Homelessness, including Governor Bredesen's Executive Order No. 21, dated December 9, 2004.

IN WITNESS WHEREOF, I have subscribed my signature and caused the Great Seal of the State of Tennessee to be affixed this 20<sup>th</sup> day of September, 2015.

  
GOVERNOR

ATTEST:

  
SECRETARY OF STATE



## Appendix B:

# ACRONYMS

**CABHI:** Cooperative Agreement to Benefit Homeless Individuals  
**CoC:** Continuum of Care  
**DDS:** Disability Determination Services  
**FQHC:** Federally Qualified Health Centers  
**GPO:** Government Project Officer  
**HEARTH:** Homeless Emergency Assistance and Rapid Transition to Housing  
**HMIS:** Homeless Management Information System  
**HUD:** United States Department of Housing and Urban Development  
**IPS:** Individual Placement and Support  
**MCO:** Managed Care Organization  
**PATH:** Projects for Assistance in Transition from Homelessness  
**PIT:** Point in Time Count  
**RFA:** Request for Application  
**RHY:** Runaway Homeless Youth  
**SAMHSA:** Substance Abuse and Mental Health Services Administration  
**SOAR:** SSI/SSDI Outreach, Access, and Recovery  
**SPMI:** Severe and Persistent Mental Illnesses  
**SSA:** Social Security Administration  
**SSDI:** Social Security Disability Insurance  
**SSI:** Supplemental Security Income  
**USICH:** United States Interagency Council on Homelessness  
**VA:** United States Department of Veterans Affairs

# AGENCY ACRONYMS

**TDCS:** Tennessee Department of Children's Services  
**TDHS:** Tennessee Department of Human Services  
**TDOE:** Tennessee Department of Education  
**Council:** Tennessee Interagency Council on Homelessness  
**TLWFD:** Tennessee Department of Labor and Workforce Development  
**TAHRA:** Tennessee Association of Housing and Redevelopment Authorities  
**TDHA:** Tennessee Housing Development Agency  
**TDMHSAS:** Tennessee Department of Mental Health and Substance Abuse Services  
**TDOC:** Tennessee Department of Corrections  
**TVS:** Tennessee Department of Veterans Services  
**TennCare:** Bureau of Tennessee Medicaid

## Appendix C:

# GLOSSARY

### **CABHI: Cooperative Agreement to Benefit Homeless Individuals-States**

A jointly funded federal program administered by the Center for Substance Abuse Treatment (CSAT) and Center for Mental Health Services (CMHS) within the Substance Abuse and Mental Health Services Administration (SAMHSA). The State of Tennessee has received two funding awards from this program –Tennessee CABHI (TN-CABHI) and Tennessee CABHI Enhancement (TN-CABHI Enhancement). This program’s purpose is to develop and enhance the infrastructure and direct services in Tennessee to address homelessness including increasing the capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer support; and other critical services for the (service recipients) and their families with social, emotional, and behavioral needs, in addition to developing a model for possible replication in other parts of Tennessee.

### **CPRS: Certified Peer Recovery Specialist**

Peer Recovery Support Specialists are individuals who are in recovery from substance use disorders, mental health disorders, or both, and meet additional background, education, and training requirements as certified by State of Tennessee, and use their life experience and training to provide peer support to others. <http://www.naadac.org/NCPRSS>

### **CoC: A Continuum of Care**

A regional or local planning body that coordinates housing and services funding for homeless families and individuals, primarily using funding received through U.S. Department of Housing and Urban Development (HUD). See Appendix map for Tennessee CoC regional division.

### **Coordinated Entry System**

Coordinated entry is a process that ensures that all people experiencing a housing crisis in a defined geographic area (CoC) have fair and equal access, are quickly identified, assessed, referred, and connected to housing and homeless assistance based on their needs and strengths, no matter where or when they present for services. It uses standardized tools and practices, incorporates a system-wide Housing First approach, participant choice, and coordinates housing and homeless assistance such that housing and homeless assistance is prioritized for those with the most severe service needs.

### **Drive to 55 Alliance**

A combination of state initiatives intended to increase the number of Tennesseans with a postsecondary degree or credential to 55% by 2025.

**1) Tennessee Promise** - Youth experiencing transition will have access to social supports needed to apply and achieve success in the Tennessee Promise Scholarship program.

**2) Tennessee Reconnect** - Adult youth experiencing transition will have access to the social supports needed to apply for the Tennessee Reconnect programs.

**3) Tennessee LEAP** - Post-secondary institution in collaboration with the Labor Education Alignment Program (LEAP) will receive support in eliminating skill gaps across state in a proactive, data-driven, and coordinated manner through focused interagency collaboration. <http://driveto55.org/>

### **FQHC: Federally Qualified Health Centers**

Include all organizations receiving grants under Section 330 of the Public Health Service Act. FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.

<http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/qualified.html>

### **Functional Zero**

The act of providing housing for every individual experiencing homelessness, with the exception of (1) any homeless individuals who have been identified and offered a permanent housing intervention, but who have either not yet accepted or not yet entered housing, and (2) any homeless individuals who have been offered a permanent housing intervention but have chosen to enter service-intensive transitional housing prior to entering a permanent housing destination. Furthermore, a system should be in place to offer permanent housing within 90 days or less for any future individuals who become homeless.

### **Health Link:**

Tennessee Health Link is a team of professionals associated with a mental health clinic or other behavioral health provider who provides whole-person, patient-centered, coordinated care for an assigned panel of members with behavioral health conditions.

<http://www.tn.gov/hcfa/article/tennessee-health-link>

### **Housing First**

An evidence-based practice that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness.

**HMIS: A Homeless Management Information System**

A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, reporting standards, and collecting data, at a minimum, on people served by HUD funding through the CoC.

**IPS: Individual Placement and Support**

An evidence-based approach to supported employment for people who have a severe mental illness. IPS supports people in their efforts to achieve steady employment in mainstream competitive jobs, either part-time or full-time. This stands in contrast to other vocational rehabilitation approaches that employ people in sheltered workshops and other set-aside jobs. <http://www.dartmouthips.org/>

**MCO: Managed Care Organization**

A health care delivery system, including behavioral health, consisting of affiliated and/or owned hospitals, physicians and others which provide a wide range of coordinated health services; an umbrella term for health plans that provide health care in return for a predetermined monthly fee and coordinate care through a defined network of physicians and hospitals. People enrolled in TennCare are members of one of the three statewide MCOs which are responsible for providing services to their enrolled members.

***Opening Doors: Federal Strategic Plan to Prevent and End Homelessness***

In June of 2010, the U.S. Interagency Council on Homelessness (USICH) released a new federal strategic plan geared toward preventing and ending homelessness. The Secretaries of the Departments of Housing and Urban Development, Health and Human Services, Labor, and Veterans Affairs unveiled this first comprehensive federal plan developed to prevent and end homelessness at a White House ceremony on June 22, 2010. The Plan is focused on four (4) key goals: (1) Finish the job of ending chronic homelessness in five (5) years; (2) Prevent and end homelessness among Veterans in five (5) years; (3) Prevent and end homelessness for families, youth, and children in ten (10) years; and (4) Set a path to ending all types of homelessness.

<https://www.usich.gov/opening-doors>

**Permanent Supportive Housing**

An evidence-based housing intervention that combines non-time-limited affordable housing assistance with wrap-around supportive services for people experiencing homelessness, as well as other people with disabilities. Research has proven that supportive housing is a cost-effective solution to homelessness, particularly for people experiencing chronic homelessness.

**PIT: The Point-in-Time Count**

A count of sheltered and unsheltered homeless persons conducted at least every other year during the last ten (10) days of January. HUD requires that Continuums of Care conduct this count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.

**Rapid Re-Housing**

An intervention designed to help individuals and families quickly exit homelessness and return to permanent housing by providing assistance for a limited time until the household regains self-sufficiency. Rapid re-housing assistance is offered without preconditions — like employment, income, absence of criminal record, or sobriety — and the resources and services provided are tailored to the unique needs of the household.

**Read to be Ready**

A state initiative administered by the Department of Education, whose purpose is to assist children and youth experiencing transition in accessing books, materials, and tutors to assist with closing the achievement gap and increasing literacy skills. Community supports can assist with ensuring all shelters and other transitional housing facilities have libraries, designated space and books donated to all children and youth an opportunity to read. <http://tn.gov/readtobeready>

**RFA: Request For Applications**

A type of solicitation notice in which a funding organization, announces that grant funding is available, and allows researchers and other organizations to present bids on how the funding could be used. The RFA will typically outline what types of programs are eligible to apply, what the expectations are, the amount of funding and number of expected awards, and how applications are to be submitted and reviewed. Funding Opportunity Announcement (FOA) is another term with the same meaning.

**SOAR: SSI/SSDI Outreach, Access, and Recovery**

A program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder by providing assistance with benefit applications, either on initial application or appeal, and linking applications to expedited processing. <https://soarworks.prainc.com/>

**SSDI: Social Security Disability Insurance**

A federal Social Security Administration benefit program that provides limited income to people with disabilities who previously worked and contributed through payroll taxes. After receiving SSDI for two years, a disabled person will become eligible for Medicare. Under SSDI, a disabled person's spouse and children dependents are eligible to receive partial dependent benefits, called auxiliary benefits. However, only adults over the age of 18 can receive the SSDI disability benefit.



**SSI: Supplemental Security Income**

A federal Social Security Administration benefit program that provides limited income to people with disabilities who are unable to work. SSI is called a “means-tested program,” meaning it has nothing to do with work history, but strictly with financial need. Disabled people who are eligible under the income requirements for SSI are also able to receive Medicaid in the state they reside in. Most people who qualify for SSI will also qualify for food stamps, and the amount an eligible person will receive is dependent on where they live and the amount of regular, monthly income they have.

**TennCare**

Tennessee Medicaid Insurance Program <http://www.tn.gov/tenncare/>

**TNHousingSearch.org**

TNHousingSearch.org is a housing locator service, launched across the State of Tennessee in April 2008. Sponsored by the Tennessee Housing Development Agency, TNHousingSearch.org provides detailed information about rental properties and helps people find housing to best fit their needs. The service can be accessed at no cost online 24 hours a day or through a toll-free, bilingual call center at 1-877-428-8844, available Monday-Friday, 8:00 am - 7:00 pm CDT.

<http://tnhousingsearch.org/index.html>

**Trauma Informed Care**

Trauma Informed Care is an organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma. Trauma Informed Care also emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment. <http://www.samhsa.gov/nctic>

**USICH: The United States Interagency Council on Homelessness**

An independent establishment in the federal Executive Branch that promotes and coordinates Executive Branch activities to assist homeless persons. The Council consists of 20 agencies, and the positions of chairperson and vice chairperson rotate among the agencies on an annual basis. USICH has various duties, including (1) review of all federal activities and programs to assist the homeless; (2) development of a comprehensive approach to end homelessness; (3) taking actions to reduce duplication among such programs and activities; and (4) preparing an annual report on homeless programs and activities. <https://www.usich.gov/>

# HOMELESS DEFINITIONS BY AGENCY

## Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH)

### Ending Homelessness:

Anyone who becomes homeless returns to being housed within 30 days. The HEARTH Act as recently amended provides an operational definition of the end of homelessness as being when a community has a systematic response in place to ensure homelessness is rare, brief and non-recurring.

## Projects for Assistance in Transition from Homelessness (PATH), Substance Abuse and Mental Health Services Administration (SAMHSA)

### Homelessness:

An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations, and an individual who is a resident in transitional housing.

### Imminent Risk of Becoming Homeless:

The definition of imminent risk of homelessness commonly includes one or more of the following criteria: doubled-up living arrangements where the individual's name is not on a lease, living in a condemned building without a place to move, having arrears in rent/utility payments, receiving an evictions notice without a place to move, living in temporary or transitional housing that carries time limits, and/or being discharged from a health care or criminal justice institution without a place to live.



**United States Department of Housing and Urban Development (HUD),  
United States Interagency Council on Homelessness (USICH)**

**Homelessness:**

- 1) People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided. The only significant change from existing practice is that people will be considered homeless if they are exiting an institution where they resided for up to 90 days (it was previously 30 days), and were in shelter or a place not meant for human habitation immediately prior to entering that institution.
- 2) People who are losing their primary nighttime residence, which may include a motel or hotel or a doubled up situation, within 14 days and lack resources or support networks to remain in housing. HUD had previously allowed people who were being displaced within 7 days to be considered homeless.
- 3) Families with children or unaccompanied youth who are unstably housed and likely to continue in that state. This is a new category of homelessness, and it applies to families with children or unaccompanied youth who have not had a lease or ownership interest in a housing unit in the last 60 or more days, have had two (2) or more moves in the last 60 days, and who are likely to continue to be unstably housed because of disability or multiple barriers to employment.
- 4) People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.





**United States Department of Housing and Urban Development (HUD),  
United States Interagency Council on Homelessness (USICH)**

**Chronic Homelessness:**

1. A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. § 11360(9)), who: [An individual who can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability]
  - i. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - ii. Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months [one year] or on at least 4 separate occasions in the last 3 years,[where each homeless occasion was at least 15 days] as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1) (i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;
2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or
3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.



## **United States Interagency Council on Homelessness (USICH)**

### **Ending Homelessness:**

An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and non-recurring experience.

Specifically, every community will have the capacity to:

- 1) Quickly identify and engage people at risk of and experiencing homelessness.
- 2) Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- 3) When homelessness does occur, provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured, and quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

## **United States Department of Housing and Urban Development (HUD)**

### **Homeless Children and Youth:**

According to section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), the term “homeless children and youths”—

- (A) means individuals who lack a fixed, regular, and adequate nighttime residence...;  
and
- (B) includes—
  - (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
  - (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
  - (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
  - (iv) migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

Children and youth are considered homeless if they fit both part A and any one of the subparts of part B of the definition above.

## United States Department of Education (USDOE)

### Homeless Youth:

The U.S. Department of Education defines homeless youth as youth who “lack a fixed, regular, and nighttime residence” or an “individual who has a primary nighttime residence that is:

- a) a supervised or publically operated shelter designed to provide temporary living accommodations;
- b) an institution that provides a temporary residence for individuals intended to be institutionalized including welfare hotels, congregate shelters, and transitional housing for the mentally ill; or
- c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.”

This definition includes both youth who are unaccompanied by families and those who are homeless with their families.

## Appendix D: REFERENCES

- Figure 1:**      **Tennessee Council on Homelessness Organizational Chart**  
Tennessee Department of Mental Health and Substance Abuse Services
- Figure 2:**      **2015 Homelessness by Tennessee Region**  
HUD 2015 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Point in Time Count
- Figure 3:**      **Tennessee Homeless Subgroup Totals**  
HUD 2015 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations: Point in Time Count
- Figure 4:**      **Homeless Children and Youth in Tennessee**  
America’s Youngest Outcasts: A Report Card on Child Homelessness. (2014). Waltham, MA: The National Center on Family Homelessness at American Institutes for Research.
- Map 1:**        **Census Urbanized Areas by County**  
Tennessee Department of Economic and Community Development  
Data Source: US Census Bureau 2015
- Map 2:**        **Tennessee Continuums of Care**  
Tennessee Housing Development Agency, April 2016



## **Appendix E:**

# **MEMBERS OF THE TENNESSEE INTERAGENCY COUNCIL ON HOMELESSNESS**

### **State Agencies**

Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services  
Alyson Lerma, Tennessee Department of Education  
Annette M. Haley, Tennessee Department of Health  
Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services  
Don Watt, Tennessee Housing Development Agency  
Doug Varney, Tennessee Department of Mental Health and Substance Abuse Services  
Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services  
Jonathan Bolding, Tennessee Department of Education  
Lorrie Shearon, Tennessee Housing Development Agency  
Marie Williams, Tennessee Department of Mental Health and Substance Abuse Services  
Mary C. Shelton, Bureau of TennCare  
Michael Cull, Tennessee Department of Children's Services  
Michael W. Johnson, Tennessee Department of Corrections  
Michael Leach, Tennessee Department of Children's Services  
Michael Myszka, Bureau of TennCare  
Nneka R. Norman-Gordon, Tennessee Department of Human Services  
Sejal West, Tennessee Department of Mental Health and Substance Abuse Services  
Todd Skelton, Governor's Administration Designee  
Stephanie Jarnagin, Tennessee Department of Human Services

### **Federal Partners**

Michael A. Salazar, Housing and Urban Development Field Office  
Michelle Daly, Substance Abuse and Mental Health Services Administration  
Sernorma Mitchell, Housing and Urban Development Field Office  
Daniel A. Heim, U.S. Department of Veteran's Affairs  
Edward D. Ellis, Housing and Urban Development Field Office  
John Gemmill, Housing and Urban Development Field Office

**Continuum of Care Representatives**

Amanda Wood, Nashville – Davidson County  
Anne Cooper, Appalachian Regional  
Chéré Bradshaw, Memphis – Shelby County  
Deb Fox, Mufreesboro, Rutherford County  
Debbie Hillin, Central Tennessee  
Melanie Cordell, Morristown/Blount, Sevier, Campbell, Cocke Counties  
Mike Dunthorn, Knoxville - Knox County  
Steve Wright, Chattanooga – Southeast Tennessee  
Susan Greene, Homeless Advocacy for Rural Tennessee (HART)  
Suzie Tolmie, Nashville – Davidson County  
Wayne Snelling, Jackson – West Tennessee

**Local Provider Representatives**

Anthony Daston, Frontier Health  
Candace Allen, Helen Ross McNabb Center  
Cayla Wilson, Park Center  
Dana Brooks, Community Alliance for the Homeless  
Donna Maddox, Volunteer Behavioral Health Care System  
Ginger Naseri, Frontier Health  
Jessica Carlton, Helen Ross McNabb Center  
Justin Pitt, Community Health Systems  
Kathryn Mathes, Centerstone Research Institute  
Martha Lott, Shelby County Government  
Marisa Whitsett, Alliance Healthcare Services  
Mary Chesnut, Volunteer Behavioral Health Care System  
Nikki Edney, Centerstone Research Institute  
Roger Henderson, Shelby County Government  
Will Connelly, Metropolitan Homelessness Commission  
Susan Bell, Alliance Healthcare Services  
Valerie Arrington, Frontier Health  
Vickie Harden, Volunteer Behavioral Health Care System

**Consumer Representatives**

Clarkton Harrison, Veteran  
Steven Samra, Formerly Homeless

## **Appendix F:**

# **WORKGROUP PARTICIPANTS**

### **Data Workgroup**

1. Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services
2. Amanda Wood, Metropolitan Housing Development Agency
3. Betty Teasley-Sulmers, Tennessee Housing Development Agency
4. Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services
5. Cassandra Haley, Tennessee Valley Healthcare Systems
6. Don Watt, Tennessee Housing Development Agency
7. Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services
8. Lisa Higginbotham, Knox County Continuum of Care
9. Rozann Downing, Carey Counseling Center, Inc.
10. Suzie Tolmie, Metropolitan Housing Development Agency
11. Tanyce Davis, Memphis – Shelby County Continuum of Care
12. Wayne Snelling, Jackson – West Tennessee Continuum of Care
13. Will Connelly, Metropolitan Homelessness Commission

### **Housing Workgroup**

1. Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services
2. Anne Cooper, Appalachian Regional
3. Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services
4. Caitlin Powers, Tennessee Valley Healthcare Systems
5. Cayla Wilson, Park Center
6. Cheryl Jett, Tennessee Housing Development Agency
7. Daniel Heim, U.S. Department of Veteran's Affairs
8. Don Watt, Tennessee Housing Development Agency
9. Jada Lattimore, Tennessee Housing Development Agency
10. Jeanne Price, Frontier Health
11. Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services
12. Ken McKnight, Park Center
13. Laura Alvarez, Tennessee Department of Corrections
14. Melanie Cordell, Morristown/Blount, Sevier, Campbell, Cocke Counties Continuum of Care
15. Natlin Bauer, Alliance Healthcare Services
16. Susan Greene, AIM Center Inc.
17. Suzie Tolmie, Metropolitan Housing Development Agency
18. Tammy Lynn, Ridgeview Behavioral Health Center
19. Terrence Gibson, Community Representative
20. Will Connelly, Metropolitan Homelessness Commission

### **Prevention Workgroup**

1. Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services
2. Annette M. Haley, Tennessee Department of Health
3. Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services
4. Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services
5. Jewyl Gibson, Community Representative
6. Judith Tackett, Metropolitan Homelessness Commission
7. Kim Dunlap, Alliance Healthcare Services
8. Michael Cull, Tennessee Department of Children's Services
9. Michael H. Leach, Tennessee Department of Children's Services
10. Misty Goodwin, Knox County Community Action Committee
11. Nneka R. Norman-Gordon, Tennessee Department of Human Services
12. Robyn Butterfield, Alliance Healthcare Services
13. Stephanie Jarnagin, Tennessee Department of Human Services
14. Stephen Samra, Consumer Representative

### **Policy/Planning and Advocacy Workgroup**

1. Abigail Dowell, Tennessee Department of Mental Health and Substance Abuse Services
2. Alyson Lerma, Tennessee Department of Education
3. Bob Currie, Tennessee Department of Mental Health and Substance Abuse Services
4. Connie Farmer, Volunteer Behavioral Health Care System
5. Elizabeth Fletcher, Alliance Healthcare Services
6. Jenifer Robl, Tennessee Department of Mental Health and Substance Abuse Services
7. Jennifer Reason, Safe Haven Family Shelter
8. Jonathan Bolding, Tennessee Department of Education
9. Marisa Whitsett, Alliance Healthcare Services
10. Mary Chesnut, Volunteer Behavioral Health Care System
11. Mary C. Shelton, Bureau of TennCare
12. Melanie Cordell, Morristown/Blount, Sevier, Campbell, Cocke Counties Continuum of Care
13. Michael W. Johnson, Tennessee Department of Corrections
14. Michael Myszka, Bureau of TennCare
15. Mike Dunthorn, Knox County Continuum of Care
16. Susie Ingram, Nashville State College
17. Tammy Lynn, Ridgeview Behavioral Health Center
18. Todd Skelton, Governor's Administration Designee
19. Wayne Snelling, Jackson – West Tennessee Continuum of Care

### **Continuum of Care Workgroup**

1. Amanda Wood, Nashville – Davidson County
2. Anne Cooper, Appalachian Regional
3. Cheré Bradshaw, Memphis – Shelby County
4. Deb Fox, Murfreesboro, Rutherford County
5. Debbie Hillin, Central Tennessee
6. Patricia King, Central Tennessee
7. Lawrence Wilson, Memphis – Shelby County
8. Lisa Higginbotham, Knoxville-Knox County
9. Marie Basarich, Morristown/Blount, Sevier, Campbell, Cocke Counties
10. Melanie Cordell, Morristown/Blount, Sevier, Campbell, Cocke Counties
11. Mike Dunthorn, Knoxville - Knox County
12. Nick Amis, Chattanooga – Southeast Tennessee
13. Rachel Goddard, Upper Cumberland
14. Rozann Downing, Jackson – West Tennessee
15. Steve Wright, Chattanooga – Southeast Tennessee
16. Susan Greene, Upper Cumberland
17. Suzie Tolmie, Nashville – Davidson County
18. Tanyce A. McCray-Davis, Shelby County
19. Terry Burdette, Upper Cumberland
20. Wayne Snelling, Jackson – West Tennessee



## Appendix G:

# PLANNING TIMELINE





# URBAN VS. RURAL COUNTIES



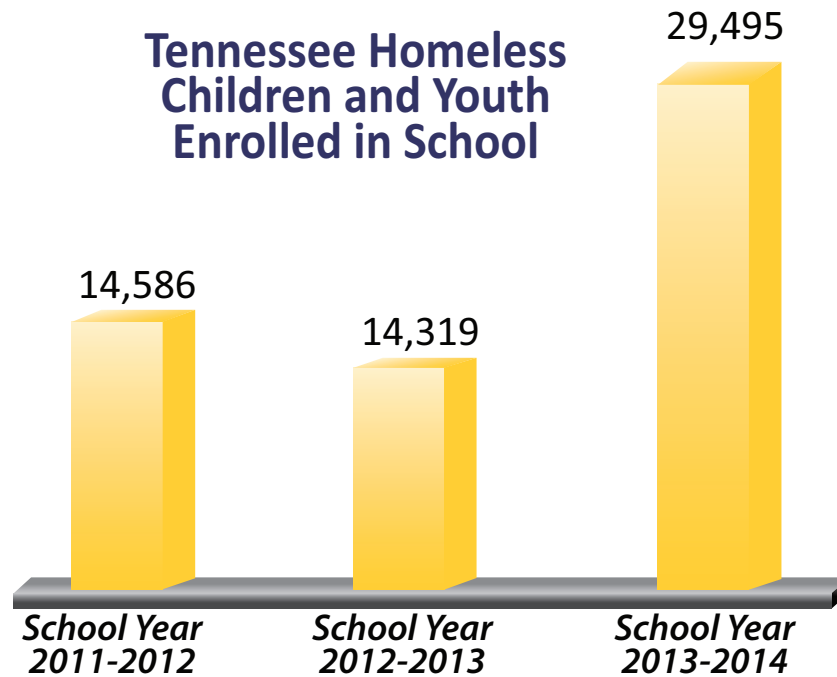
**Data Source:** U.S. Census Bureau

# TENNESSEE CONTINUA OF CARE



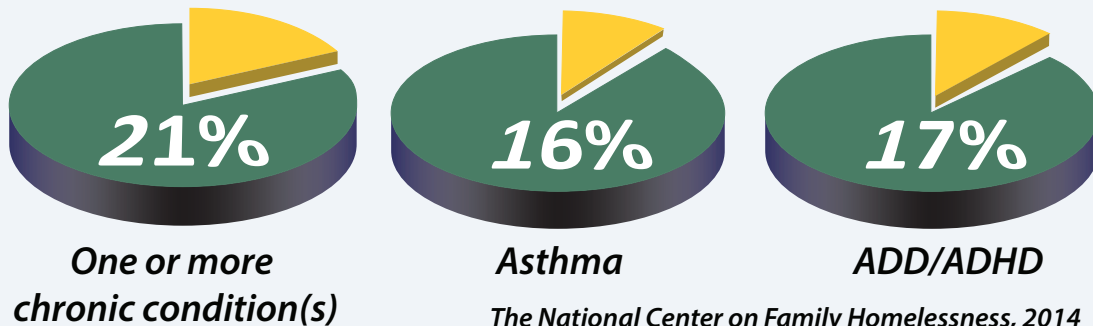
## Appendix I:

# DATA OF HOMELESS CHILDREN AND YOUTH

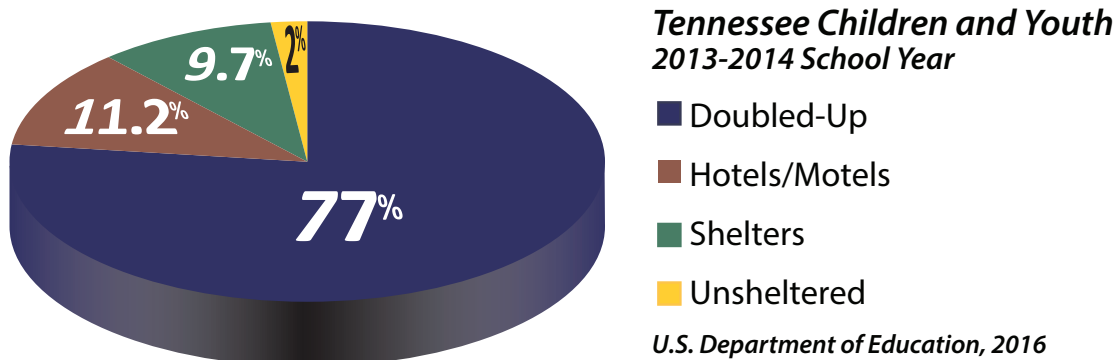


U.S. Department of Education, 2016

## Health Problems of Children Below 100% Poverty



## Primary Nighttime Residence of Enrolled Homeless Students



## Appendix J:

# AT A GLANCE: GOALS, THEMES, OBJECTIVES

## GOALS

1. To end veteran and chronic homelessness by the end of 2017.
2. To end homelessness for families with children & youth by the end of 2025.
3. To end all other homelessness by the end of 2025.



## THEMES

1. Increase Leadership, Collaboration, and Civic Engagement
2. Increase Access to Stable and Affordable Housing
3. Increase Economic Security
4. Improve Health and Stability
5. Retool the Homeless Crisis Response System

## OBJECTIVES

1. Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Tennesseans to commit to preventing and ending homelessness.
2. Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness
3. Provide affordable housing to people experiencing or most at risk of homelessness
4. Provide permanent supportive housing to prevent and end chronic homelessness.
5. Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness.
6. Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness.
7. Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness.
8. Advance health and housing stability for unaccompanied youth/young adults (18-24) experiencing homelessness and transition-age youth leaving a stable environment or aging out of systems such as foster care and juvenile justice.
9. Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice.
10. Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing.

*\*For action steps, lead agencies, target dates, and Key Measures of Success, see the full Plan.*



TDMHSAS/Division of Mental Health Services. Authorization No. 344091.  
No. of copies, 500. This public document was promulgated at a cost of  
\$4.18 per copy. July 2016.

Photo by Tasha A.F. Lemley



For more information, contact the Office of Housing and Homeless Services  
Department of Mental Health and Substance Abuse Services

Ph: 615-532-4651 | Email: [End.Homelessness@tn.gov](mailto:End.Homelessness@tn.gov)  
Or visit the website: [tn.gov/EndHomelessness](https://tn.gov/EndHomelessness)